

Work Order ID 119693

May 15-14 3:35:57 PM

119693

Page 1

Item ID: D3560-044

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Arm Weldment

Stop

NS2

Start Date: 5/15/14 Start Qty: 4.00

4 2
4 2

Cust Item ID:

Required Date: 5/15/14 Req'd Qty: 4.00

Customer:

Reference:

Approvals: Process Plan: ML5

Date: 14-05-23 Tooling: _____ Date: _____

Run Start

NR1

QC: _____

Date: _____ SPC (Y/N): _____ Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3560	Rev D								

130 Pick Kit 0.00

130

Packaging

Memo

0.00

N/A ML5 14-05-23

Packaging

DQA: _____ Date: _____

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Suspected Unapproved <input type="checkbox"/>			Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause		Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Design	<input type="checkbox"/>										
Doc/Data	<input type="checkbox"/>										
Equip/Tooling	<input type="checkbox"/>										
Handling/Pre	<input type="checkbox"/>										
Material	<input type="checkbox"/>										
Operator	<input type="checkbox"/>										
Offset/Setup	<input type="checkbox"/>										
Process	<input type="checkbox"/>										
Supplier	<input type="checkbox"/>										
Training	<input type="checkbox"/>										
Transport	<input type="checkbox"/>										
Unapproved	<input type="checkbox"/>										
FAULT CATEGORY											
Landing Gear			General								
<input type="checkbox"/>	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Folio/Program	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>	Pressure/Forced		
<input type="checkbox"/>	Centre Not Concentric	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Set-up		
<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damage/Defect	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Temperature/Cure		
<input type="checkbox"/>	Crimp/Kink/Ripple/Wave	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Inspection Incomplete/Unqualified	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Weld		
<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Wrong Stock Pulled		
<input type="checkbox"/>	Crushing	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Misaligned/off center	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>			
<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>			
<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Misread	<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/>	Marks/Chatter	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Off-set	<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Fit/Function	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>			
<hr/>											

Item ID: D3560-044

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Arm Weldment

Stop

NS2

Start Date: 5/15/14 Start Qty: 4.00

~~*4*~~ 2

Cust Item ID:

Required Date: 5/15/14 Req'd Qty: 4.00

Customer:

Reference:

Approvals:

Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run

Start

NR1

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140		0.00							
140	Large Fab								
Large Fab	Memo	0.00							
Large Fab	1-Weld assembly as per dwg D3560 STEP: 1- clean material (buff bracket and bottom of arm with blue pad) 2- set up bracket and arm on jig 3- preheat bracket and arm with torch 4- clean before welding with brush 5- set up machine to 135 amps 6- weld across bottom and top ends 7- reheat with torch (65 deg C) 8- on one side weld from bottom to top half way 9- same for other side (half way) 10- from half way point weld the rest of the first side (ease off pedal near end) 11- same for remaining side (ease off pedal near end)								
150	QC5- Inspect part completeness to step on W/O	0.00							
150	Memo	0.00							
QC									
Quality Control									

DAS

24

9-89

2 14.6.16

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____

Date: _____

Work Order update only

Work Order: _____

DISPOSITION

Part No. _____

Rework Skid-tube Crosstube Water Jet Engineering

NCR No. _____

Scrap Machining Small Fab Prod. Eng. Coor. Quality Use-as-is Thermoforming Finishing Rec/Store/Packaging Other Suspected Unapproved Large Fab Composite Supplier

AGAINST DEPARTMENT/PROCESS

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General			
	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Pressure/Forced
	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Set-up
	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Temperature/Cure
	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Weld
	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Wrong Stock Pulled
	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong	
	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge	
	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread		
	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set		
	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration		
	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence		

Work Order ID 119693

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Page 3

Item ID: D3560-044

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Arm Weldment

Stop

NS2

Start Date: 5/15/14 Start Qty: 4.00

4 2

Cust Item ID:

Required Date: 5/15/14 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

160

QC9- Inspect visual per QSI004- Fusion Welds

0.00

2

DAS

160

QC

Quality Control

Memo

0.00

170

Chemical Conversion Coat per QSI005 4.1

0.00

2

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24

9-89

170

HandFinish

Hand Finishing

Memo

0.00

180

QC7-Inspect Chemical Conversion Coat

0.00

2

14/06/17

180

QC

Quality Control

Memo

0.00

DAS
3F
9-89

DQA: _____ Date: _____

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Date:

Work Order update only

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Suspected Unapproved <input type="checkbox"/>			Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause		Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Design <input type="checkbox"/>											
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Handling/Pre <input type="checkbox"/>											
Material <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Offset/Setup <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Transport <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear			General								
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function								
			<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence								
			<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge								
			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled								
			<input type="checkbox"/> Other								

Work Order ID 119693

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Page 4

Item ID: D3560-044

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Arm Weldment

Stop

NS2

Start Date: 5/15/14 Start Qty: 4.00

4 2
4

Cust Item ID:

Required Date: 5/15/14 Req'd Qty: 4.00

Customer:

Reference:

Approvals:

Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start

NR1

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

190

Small Fab

0.00

2x

14/06/17

DAS
3f
9-89

Small Fab

Memo

0.00

Small Fab

1-Press bushing in D3560 arm per dwg D3562

200

200

QC5- Inspect part completeness to step on W/O

0.00

DAS

27

9-89

0.00 14/06/17

QC

Quality Control

2

210

210

Identify as per dwg & Stock Location: WA003 0.00

0.00

Packaging

Packaging

Memo

0.00

*** STOCK IN STEP CELL***

2

DMC 14-6-23

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: _____ Date: _____

Work Order update only

Work Order: _____
 Part No. _____
 NCR No. _____

DISPOSITION

Rework
 Scrap
 Use-as-is
 Suspected Unapproved

AGAINST DEPARTMENT/PROCESS

Skid-tube
 Machining
 Thermoforming
 Large Fab

Crosstube
 Small Fab
 Finishing
 Composite

Water Jet
 Prod. Eng. Coor.
 Rec/Store/Packaging
 Supplier

Engineering
 Quality
 Other

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Outside Dimensions	Pressure/Forced
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Set-up
<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Weld
<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Wrong Stock Pulled
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Positioned Wrong	
<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Power Loss/Surge	
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short		
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing		
<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes		
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish		
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function		

Work Order ID 119693

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119693

Page 5

Item ID: D3560-044

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Arm Weldment

Stop

NS2

Start Date: 5/15/14 Start Qty: 4.00

4

Cust Item ID:

Required Date: 5/15/14 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

220

QC21- Final Inspection - Work Order Release

0.00

220

QC

Quality Control

Memo

0.00

MLJ

14-06-23

14-6-13

DQA:

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date:

Work Order update only

Work Order: _____
 Part No. _____
 NCR No. _____

DISPOSITION

Rework
 Scrap
 Use-as-is
 Suspected Unapproved

AGAINST DEPARTMENT/PROCESS

Skid-tube
 Machining
 Thermoforming
 Large Fab

Crosstube
 Small Fab
 Finishing
 Composite

Water Jet
 Prod. Eng. Coor.
 Rec/Store/Packaging
 Supplier

Engineering
 Quality
 Other

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear	General							
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pressure/Forced
	<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Set-up
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Temperature/Cure
	<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Weld
	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wrong Stock Pulled
	<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other
	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Picklist Print

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Page 1

Work Order ID: 119693

119693
D3560-044

Parent Item: D3560-044

Parent Item Name: Arm Weldment

Start Date: 5/15/14

Required Date: 5/15/14

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev:A New Issue 07.05.24 EC
IPP Rev B ECN 987 07.10.09 EC verified by DD
IPP Rev:C ECN1048 07-12-18 DD verified by EC

DQA: _____ Date: _____

Date:

QA Closed: _____ Date: _____

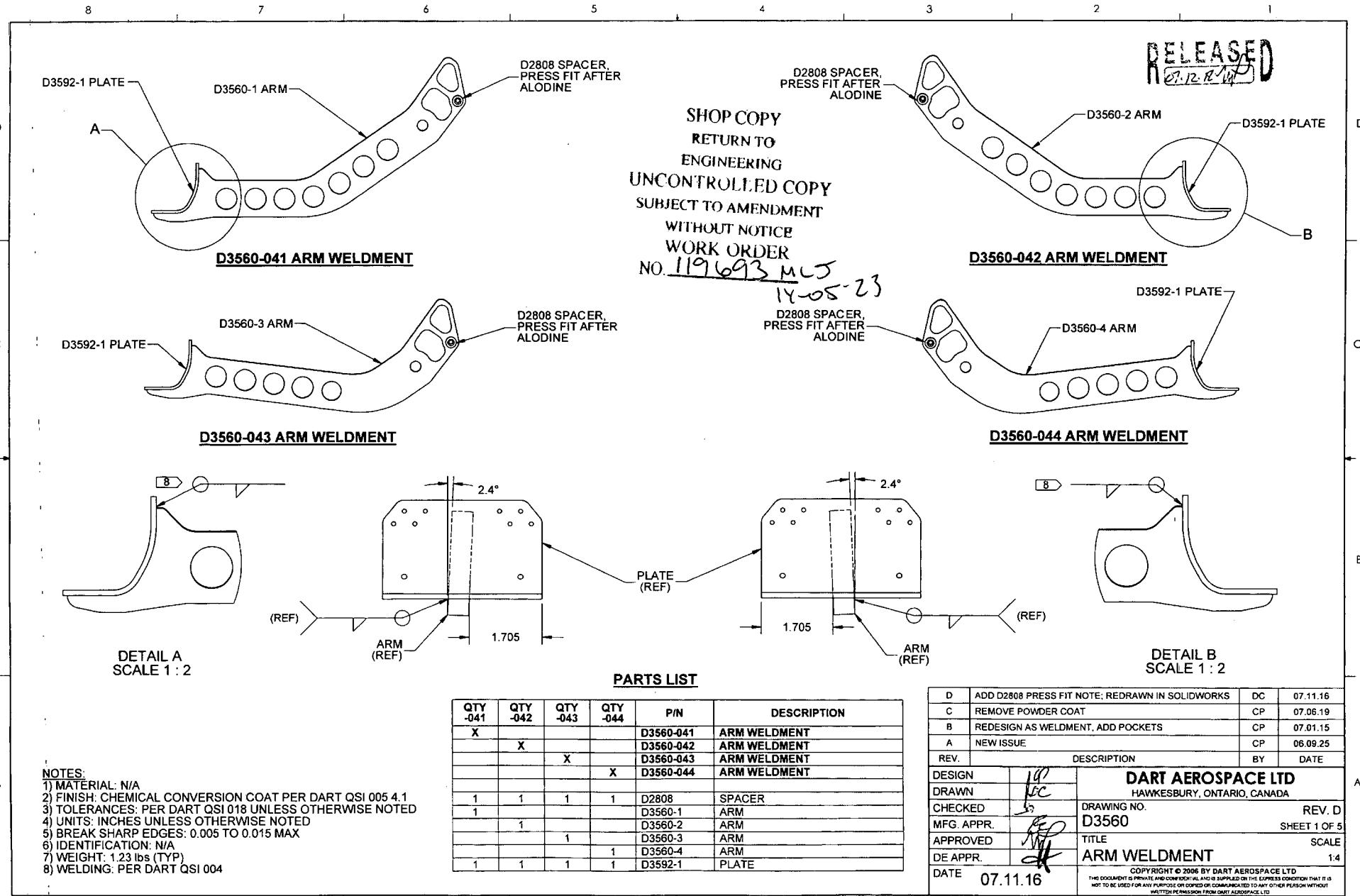
Date:

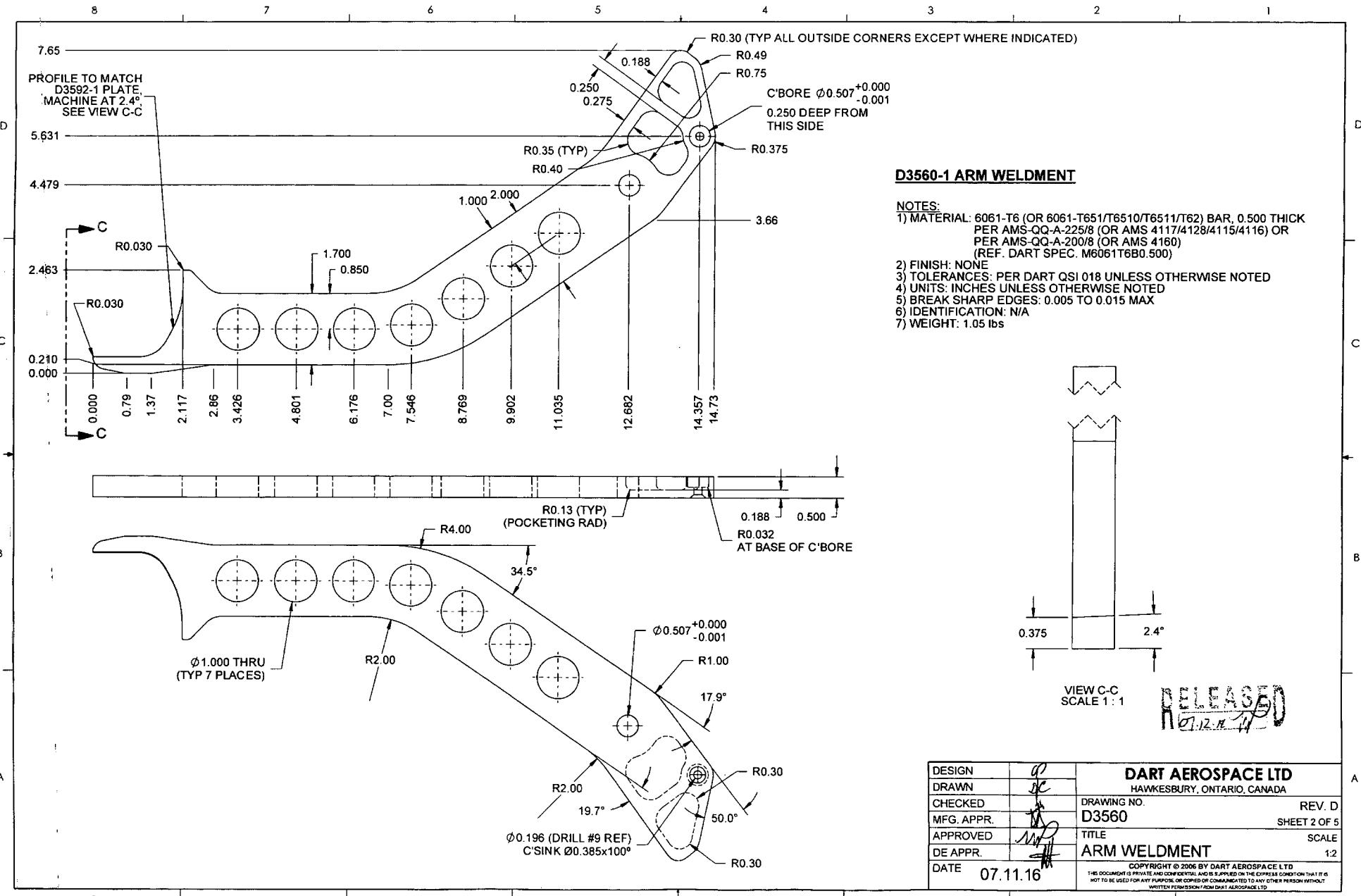
WORK ORDER NON-CONFORMANCE / UPDATE

The logo for DART Aerospace. It features the word "DART" in a large, bold, sans-serif font. A stylized graphic element resembling a wing or a comet's tail is positioned to the left of the letter "D". Below "DART", the word "AEROSPACE" is written in a smaller, all-caps, sans-serif font.

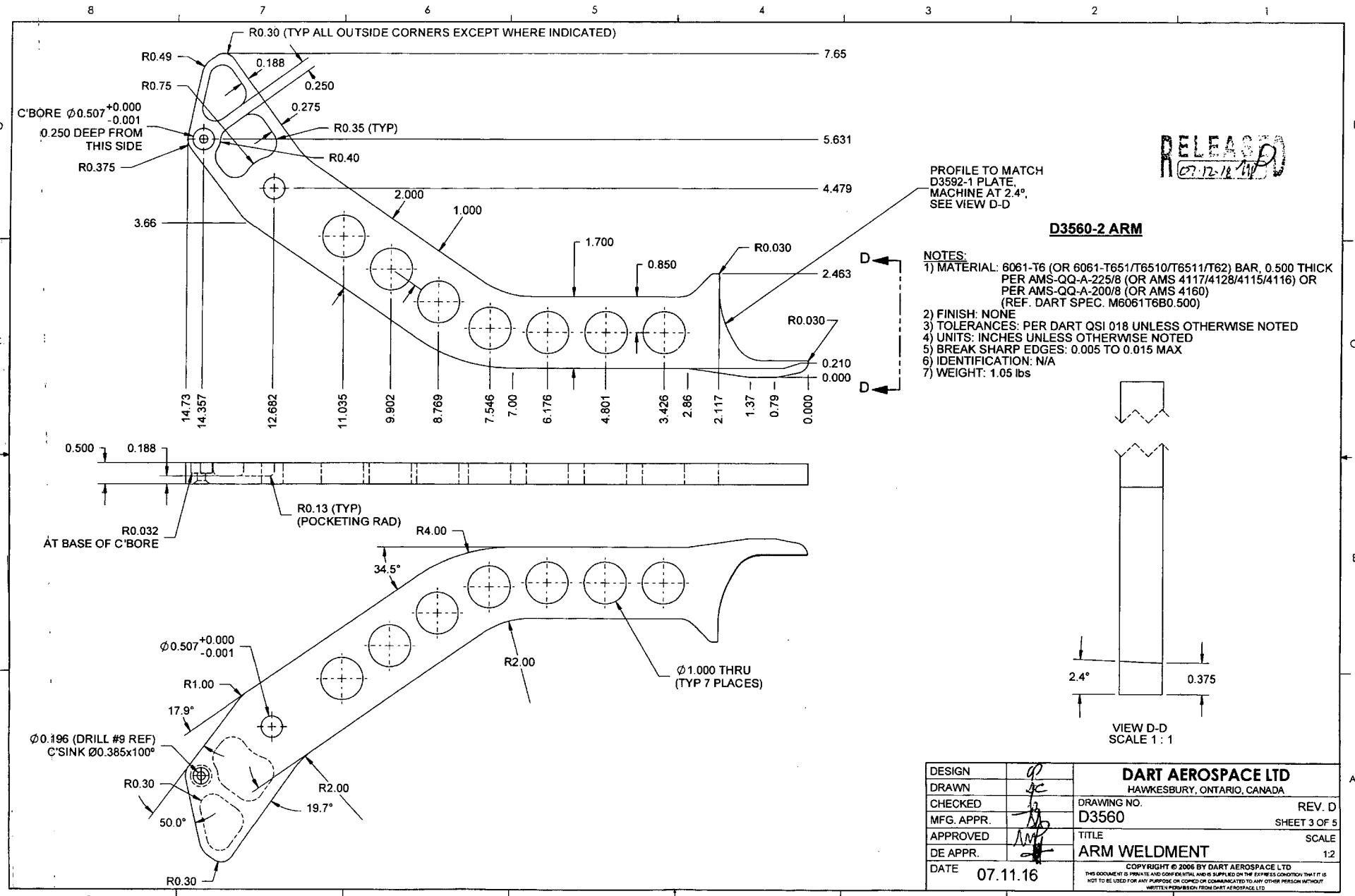
Work Order update only

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS									
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>							
Root Cause		Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Design	<input type="checkbox"/>														
Doc/Data	<input type="checkbox"/>														
Equip/Tooling	<input type="checkbox"/>														
Handling/Pre	<input type="checkbox"/>														
Material	<input type="checkbox"/>														
Operator	<input type="checkbox"/>														
Offset/Setup	<input type="checkbox"/>														
Process	<input type="checkbox"/>														
Supplier	<input type="checkbox"/>														
Training	<input type="checkbox"/>														
Transport	<input type="checkbox"/>														
Unapproved	<input type="checkbox"/>														
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function		<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence						<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

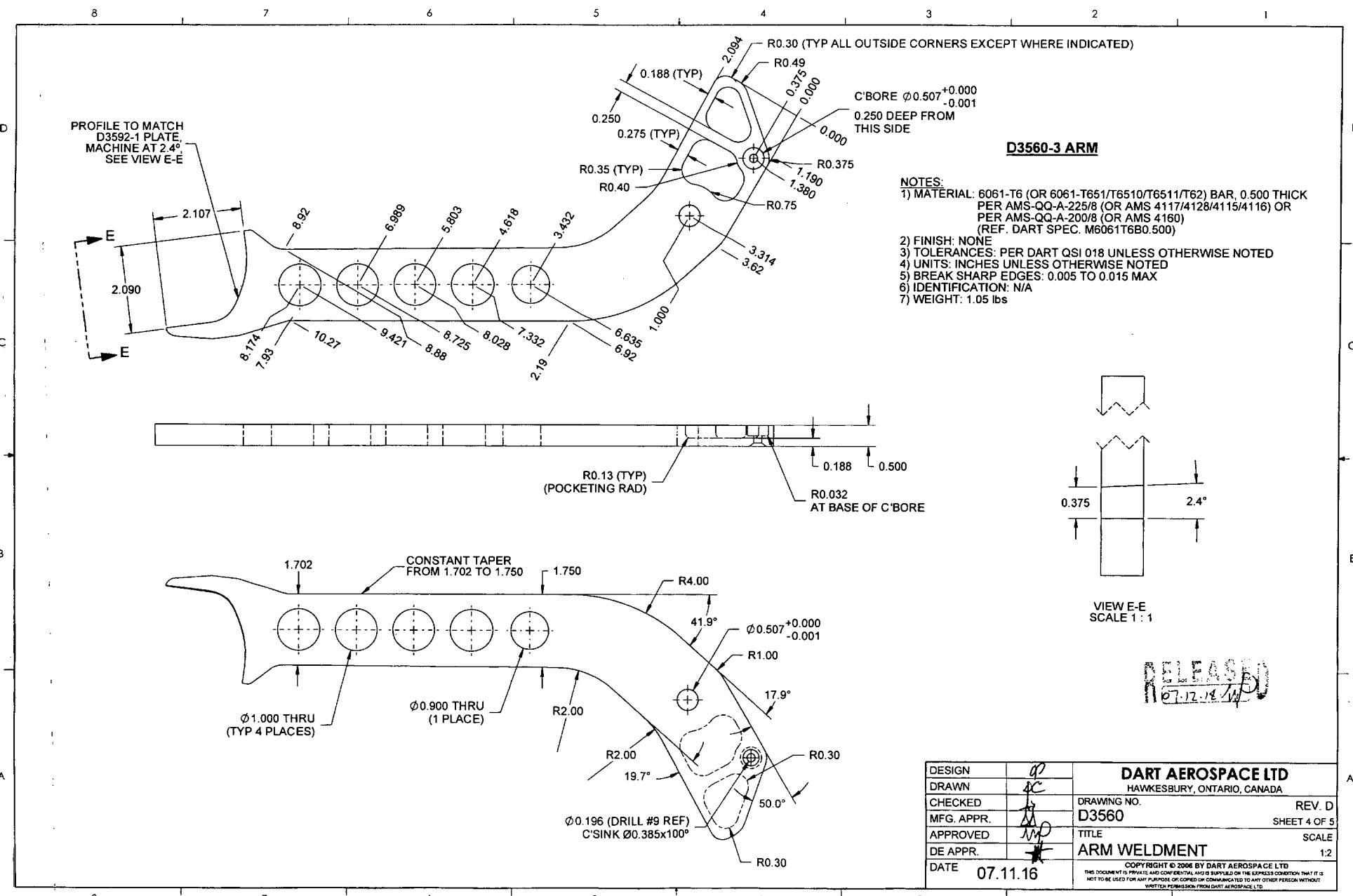




DESIGN	DP	DART AEROSPACE LTD	
DRAWN	SC	HAWKESBURY, ONTARIO, CANADA	
CHECKED	TA	DRAWING NO. D3560	
MFG. APPR.	MA	REV. D SHEET 2 OF 5	
APPROVED	MA	TITLE ARM WELDMENT	
DE APPR.	MA	SCALE 1:2	
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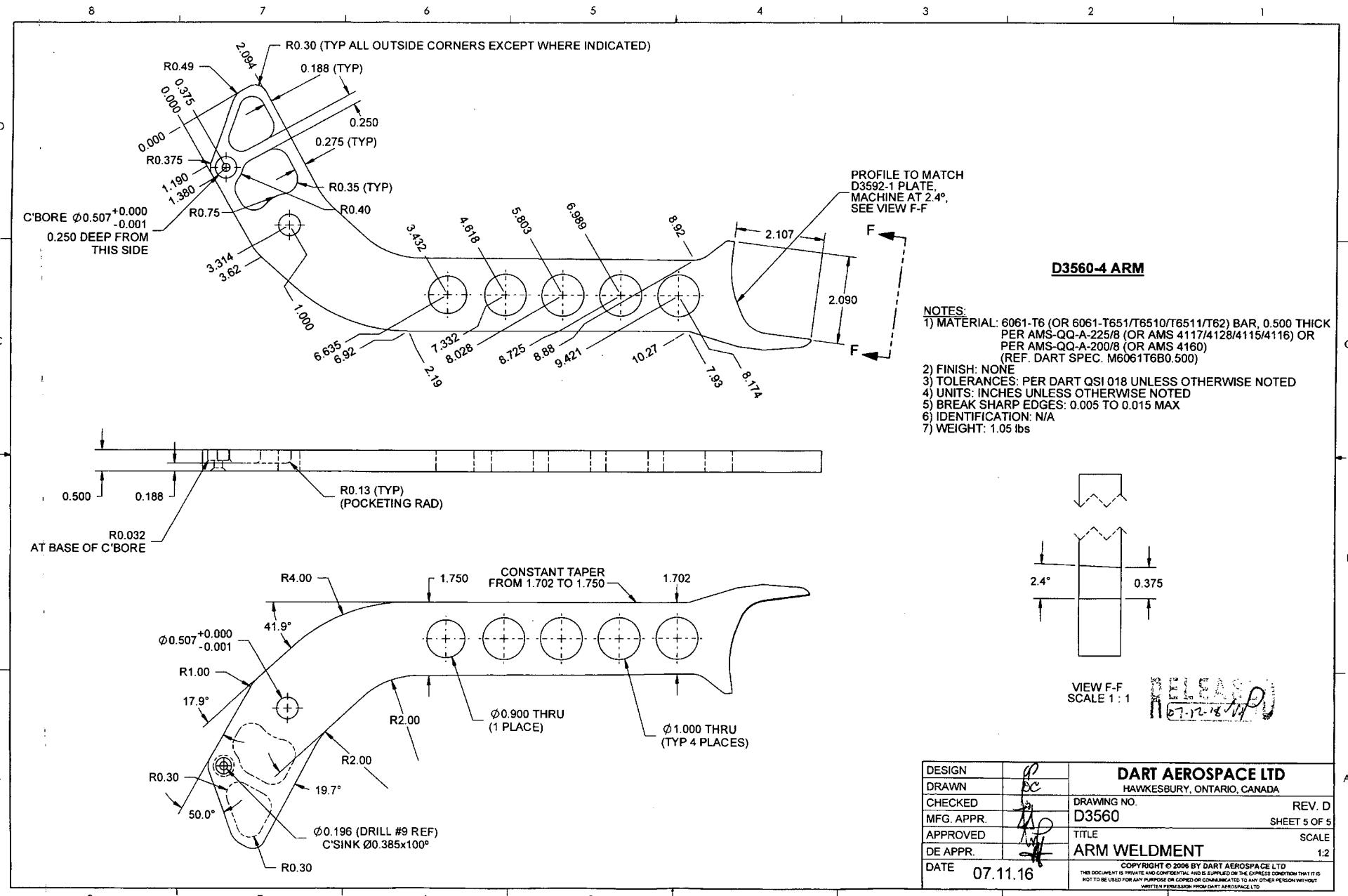


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